

Case Number:	CM15-0060328		
Date Assigned:	04/06/2015	Date of Injury:	07/17/1989
Decision Date:	05/13/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/30/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52 year old male, who sustained an industrial injury on 07/17/1989. He has reported subsequent low back and lower extremity pain and was diagnosed with degenerative disc disease of the lumbosacral spine, myofascial pain, bilateral lumbar radiculopathy, lumbar facet arthropathy and bilateral sacroilitis. Treatment to date has included oral and topical pain medications. In a progress note dated 02/11/2015, the injured worker complained of low back and bilateral lower extremity pain. Objective findings were notable for paravertebral muscle spasm, decreased flexion, extension and lateral rotation, multiple trigger points, lumbar facet tenderness and positive straight leg raise on the right at 60 degrees. A request for authorization of Flector patch was made. The IW is being evaluated at 6 monthly intervals. The previous notes dated 2013-showed utilization of Flexeril, Tramadol and Meloxicam. The current medications listed are Flector patch, Zanaflex and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Flector patch 1.3% twice daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Opioids and Topical Analgesics Page(s): 63, 78, 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs Topical Analgesic products.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The guidelines recommend that the use of topical NSAIDs be limited for the treatment of localized extremities joint pain such as knee pain. The chronic use of topical NSAIDs is associated with the development of tolerance and decreased efficacy compared to oral NSAIDs medications. The records show that the patient was diagnosed with musculoskeletal pain located in multiple body regions including the spine and extremities. There is no documentation of adverse effects or failure of treatment with oral NSAIDs medications. The guidelines recommend that patients be evaluated at regular intervals for medication efficacy and functional restoration to establish continual indications for medications management. This patient is being evaluated at 6 to 12 monthly intervals for pain medications utilization. The criteria for the use of Flector patch 1.3% twice daily was not met.